PART B - FEE(S) TRANSMITTAL

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) , 000025901 7590 03/08/2006				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission		
ERNEST D. BUFF ERNEST D. BUFF AND ASSOCIATES, LLC. 231 SOMERVILLE ROAD BEDMINSTER, NJ 07921				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
				truest (). Buff Bod	(Depositor's name) (Signature)
				Moy	10,2006	(Date)
APPLICATION NO.	FILING DATE	_	FIRST NAMED INVE	NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/806,838 03/23/2004 Simon P. Bush 0040-8 4237						
TITLE OF INVENTION: LOW PROFILE SPLICING STAGE FOR OPTICAL FIBER WAVEGUIDES 05/15/2006 YPOLITE2 00000015 10:006838						
			81 FC:		2501	709.60 OP
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE PI	JBLICATION FEE	TOTAL FEE(S) DUE	263.63 6P DATE DUE
nonprovisional	YES	\$700		\$300	\$1000	06/08/2006
EXAMINER A		ART UN	NIT CLASS-SUBCLASS `		`	
KIANNI, KAVEH C 2883 385-096000						
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 Emest D. Buff Associate Content of the page of the			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) 124 South Maple Street Ambles, Pennsylvain 19002						
Please check the appropriate assignee category or categories (will not be printed on the patent):						
4a. The following fee(s) are ended in the following fee(s) are ended in the feet in the following fee(s) are ended in the feet	nclosed: all entity discount permitted) Copies	. 1	Payment by credit	ount of the fee(s) is end card. Form PTO-2038 reby authorized by char	is attached. rge the required fee(s), or cred	it any overpayment, to copy of this form).
5. Change in Entity Status (from status indicated above)						
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Authorized Signature Date May 10, 2006						
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